

ACES® Glucose (Blood Sugar) Level Chart

Instructions: Record your blood glucose level at meals and bedtime. Record insulin dose if taken. Please bring this chart to your clinic appointment.

Chart Start Date: ___/___/___		Glucose (Blood Sugar) Levels					A1c: ___	
Blood Glucose Reading	Insulin Dose Taken	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast								
Lunch								
Dinner								
Bedtime								
Snack								

Sliding Scale of Blood Glucose Levels for Insulin Dose:

70 – 140 **0** units 141 – 180 ___ units 181 – 220 ___ units 221 – 260 ___ units

261 – 300 ___ units 301 – 340 ___ units 341 – 400 ___ units and **Notify Your Doctor Immediately**

IMPORTANT: Please have doctor fill in your appropriate insulin dose for each blood glucose level above.